

FILED FEB 15 1946
Registration District No. **1597**

Primary Registration District No. **5591**

Registrar's No. **2**

1. PLACE OF DEATH

(a) County **Jefferson**
(b) City or town **Hillsboro Rural (Central)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 1/2 mi W of Hillsboro**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **59 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
(c) City or town **Hillsboro Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 mi west of Hillsboro Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMMA MCKEEN**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **James McKeen** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **March 3 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **Jefferson Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER
12. Name **Charles Wohlbold** **4**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Barbara Dille**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Jas. McKeen**

(b) Address **Hillsboro Rt**

17. (a) **Burial** (b) Date thereof **Dec. 13 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillsboro Cemetery**

18. (a) Signature of funeral director **Gunnell B. Dietrich**

(b) Address **2620 N. 1st St. St. Louis, Mo.**

19. (a) **1/5/46** (b) **Kathleen Marsden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10**
year **1945** hour **3** minute **05** P.M.

21. I hereby certify that I attended the deceased from **Nov 18 1945** to **Dec 9 1945**
that I last saw her alive on **Dec 9 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **5 wks**
Due to **Hypertension** **1 yr**
Due to **arteriosclerosis** **unknown**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **gms**
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. P. Fugels** (M.D. or other) **DO.**
Address **2620 N. 1st St., St. Louis, Mo.** Date signed **12/10/45**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100507

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Samuel B. Dietrich*.....
Licensed Embalmer No..... *4104*.....
P. O. Address..... *Deoto Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.